

PART B - FEE(S) TRANSMITTAL

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35690 7590 11/16/2006

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B. Noël Kivlin

(Depositor's name)

13

(Signature)

1-29-07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/735,088	12/12/2003	Murali Nagaraj	5760-15300	1598

TITLE OF INVENTION: FILE SYSTEM AND METHODS FOR PERFORMING FILE CREATE AND OPEN OPERATIONS WITH EFFICIENT STORAGE ALLOCATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	02/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOFIZ, APU M	2165	707-205000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Meyertons Hood Kivlin 1 _____ Kowert & Goetzel, P.C. B. Noël Kivlin 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

VERITAS Operating Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cupertino, CA 01 FC:1501 1400.00 DA
 02 FC:8001 3.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 1

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501505/5760-15300. Enclose an extra copy of this form.

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 1-29-07

Typed or printed name

B. Noël Kivlin

Registration No. PTO # 33,929

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